

Express Mail Label No. (if applicable)
--

Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/581,538
Confirmation No.	6190
Filing Date	April 12, 2007
First Named Inventor	DeFrees
Group Art Unit	1623
Examiner Name	Scarlett Y. Goon
Attorney Docket No.	705711
Client Reference No.	NEO00294US/371 - NN 7996.204-US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. Submission required under 37 CFR 1.114

- a. Previously submitted
 - i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on
(Any unentered amendment(s) referred to above will be entered.)
 - ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on
 - iii. Other:
- b. Enclosed
 - i. Amendment/Reply
 - ii. Declarations:
 - Rule 132 Declaration (DeFrees)
 - Rule 132 Declaration (Bowe)
 - iii. Information Disclosure Statement (IDS)
 - vi. Other: Supplemental Application Data Sheet; Request In Accordance with 37 C.F.R. § 1.48(a)
Deleting Persons Named As Inventors In Error; Statement Of Person Whose Name Is Being Deleted
In Amendment Of Inventorship; Consent of Assignee; Declaration and Power of Attorney

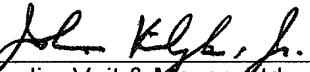
2. Miscellaneous

- a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)
- b. Applicant claims small entity status. See 37 CFR 1.27
- c. Other:

3. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below.	\$810.00
i. <input checked="" type="checkbox"/> RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)	\$810.00
ii. <input checked="" type="checkbox"/> Two-month extension of time fee of \$490.00 (37 CFR 1.136 and 1.17)	\$490.00
iii. <input type="checkbox"/> A extension has already been secured and the fee paid therefor of \$ 0.00 is deducted from the total fee due for the total amount of extension now requested.	
iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.	
v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))	\$ 0.00
vi. <input checked="" type="checkbox"/> Other: Fee for Request In Accordance with 37 C.F.R. § 1.48(a) Deleting Persons Named As Inventors In Error	\$130.00
vii. <input type="checkbox"/> Claim fee	

CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	
TOTAL	22	MINUS	23	= 0	x 26 =		x 52 =	\$0.00	
INDEPENDENT	1	MINUS	3	= 0	x 110 =		x 220 =	\$0.00	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM					+ 195 =		+ 390 =		
Total amount to be charged to Deposit Account									\$1,430.00
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.									

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763
Signature		Date	September 29, 2010
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)